

I 014411-001



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8963

ENQL 7-1 CY03
PERMANENT
Retire 09/08

September 23, 2003

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) report; single adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of March 1, 2003 through May 31, 2003:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

Incident Category
W-B

No. of Incidents
1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Carl Bausch
Chief, Environmental Services
Policy and Program Development

Enclosure



APHIS - Protecting American Agriculture

An Equal Opportunity Employer

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT 3/12/03	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 3/12/03	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

non-target Take

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

private rangeland/pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

pesticide use

EPA REGISTRATION NUMBER	PRODUCT NAME M-44 Capsule	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

Common Raven taken by M-44 device.
Normal M-44 use in place on private rangelands.
Numerous ravens were in the area, likely a
migratory concentration

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
<p>"X" ONE</p> <p> <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant </p>	<p>"X" ONE</p> <p> <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild </p>	<p>NUMBER OR ACRES AFFECTED</p>
<p>SPECIES COMMON NAME</p> <p style="font-family: cursive;">Common Raven</p>	<p>BREED (if known)</p>	
<p>DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS</p> <p style="font-family: cursive;">Death of raven</p>		
<p>IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):</p> <p style="font-family: cursive; text-align: center;">N/A</p>		
<p>MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)</p> <p style="font-family: cursive; text-align: center;">none</p>		
<p>PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)</p> <p style="font-family: cursive; text-align: center;">1 capsule</p>		
<p>WAS PREBAITING USED ON THE SITE (Describe)</p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>		
<p>DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED</p> <p style="font-family: cursive;">M-44's placed on private rangeland for coyote control. Raven apparently pulled one device.</p>		
<p>ADDITIONAL FACTORS</p> <p style="font-family: cursive;">Incident occurred during spring migratory peak. Numerous ravens in the area</p>		
<p>NAME OF PREPARER</p>	<p>SIGNATURE</p>	<p>DATE</p>
<p>NAME OF SUPERVISOR</p>	<p>SIGNATURE</p>	<p>DATE</p>